

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	SF		9/25/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	9/29/01
FORMALITY REVIEW	EO	705	10/19/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	9/25/01
2	9/25/01
3	9/25/01
4	9/25/01
5	9/25/01
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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26816  
10/2/01